

Public Document Pack



Agenda for a meeting of the Bradford and Airedale Health and Wellbeing Board to be held Remotely on Tuesday, 25 August 2020 at 3.00 pm

Dear Member

You are requested to attend this meeting of the Bradford and Airedale Health and Wellbeing Board.

The membership of the Board and the agenda for the meeting is set out overleaf.

Yours sincerely

City Solicitor

Notes:

- Please note that, under the current circumstances, paper agenda is not being produced for the Board, however the agenda and reports can be viewed on the Council's agenda and minutes website five clear working days in advance of the meeting.
- **The meeting will be held remotely, Members of the Board and officers in advance of the meeting will be sent via email, instructions and a link on how to join the meeting remotely.**
- A webcast of the meeting will be available to view live on the Council's website at <https://bradford.public-i.tv/core/portal/home> and later as a recording.
- Approximately 30 minutes before the start time of the meeting the Governance Officer will set up the electronic conference arrangements initially in private and bring into the conference facility the Members and officers so that any issues can be raised before the start of the meeting. The officers presenting the reports at the meeting will have been advised by the Governance Officer of their participation and will be brought into the electronic meeting at the appropriate time.
- Members should be on their own when attending remotely and ensure that any confidential papers are not visible via the technology used.
- Any Councillors or members of the public who wish to make a contribution at the meeting are asked to email asad.shah@bradford.gov.uk by **midday on Friday 21 August 2020** and request to do so. In advance of the meeting those requesting to participate will be advised if their proposed contribution can be facilitated and those participants that can be will be provided with details how to electronically access the meeting. Councillors and members of the public with queries regarding making representations to the meeting please email Asad Shah.

From:

Parveen Akhtar
City Solicitor

Agenda Contact: Asad Shah

Phone: 07970 597560

E-Mail: asad.shah@bradford.gov.uk

To:

MEMBER	REPRESENTING
Councillor Susan Hinchcliffe	Leader of Bradford Metropolitan District Council (Chair)
Councillor Sarah Ferriby	Healthy People and Places Portfolio
Councillor Robert Hargreaves	Bradford Metropolitan District Council
Kersten England	Chief Executive of Bradford Metropolitan District Council
Helen Hirst	Bradford District and Airedale Clinical Commissioning Groups
Balrajjit Leighton	NHS England and NHS Improvement - (NE and Yorkshire)
Sarah Muckle	Director of Public Health
Steve Hartley	Strategic Director, Place
Brendan Brown	Chief Executive of Airedale NHS Foundation Trust
Dr Richard Haddad	Member from the GP Community
Geraldine Howley	Group Chief Executive, InCommunities Group Ltd
Iain MacBeath	Strategic Director, Health and Wellbeing
Dr James Thomas	Bradford District and Airedale Clinical Commissioning Groups
Dr Sohail Abbas	Bradford District and Airedale Clinical Commissioning Groups (Deputy Chair)
To be confirmed	Chief Executive of Bradford District Care NHS Foundation Trust
Helen Rushworth	HealthWatch Bradford and District
Kim Shutler	Bradford Assembly representing the Voluntary and Community Sector
Osman Khan	Chief Superintendent Bradford District, West Yorkshire Police
Ben Bush	District Commander, West Yorkshire Fire and Rescue Service
Mel Pickup	Bradford Teaching Hospitals NHS Foundation Trust
Mark Douglas	Strategic Director, Children's Services

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) Officers must disclose interests in accordance with Council Standing Order 44.*

3. MINUTES

Recommended –

That the minutes of the meeting held on 28 January 2020 be signed as a correct record (previously circulated).

Matters arising following development session held 23 June 2020.

(Asad Shah – 07970 597560)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Fatima Butt - 01274 432227)

B. BUSINESS ITEMS

5. STRATEGIC PARTNERSHIP UPDATE

1 - 18

Chairs of the Bradford District Strategic Partnerships will present updates on:

- Work completed during the previous period
- Work to be progressed in the next period
- Areas of concern or highlights

The presentation to be given is attached as Appendix 1 to **Document “A”**.

Recommended –

Members are asked to consider and note the update.

(James Drury - 07970 479491)

6. LESSONS LEARNED FROM THE BRADFORD DISTRICT COVID-19 SCIENTIFIC ADVISORY GROUP - MARCH TO JULY 2020

19 - 38

The report of the Director of Research, Bradford Institute of Health Research presents key learning from the Bradford District COVID-19 Scientific Advisory Group regarding the COVID-19 pandemic for the period March 2020 – July 2020. It provides an overview of both planned and on-going activities which will continue to support and inform the District response and recovery.

Recommended –

Members are asked to consider and note the contents of this report.

7. DEVELOPMENT OF OUR DISTRICT PLAN: FOCUS ON WELLBEING

39 - 56

The Programme Director will provide a presentation to the Board that proposes:

- The development of a single suite of wellbeing indicators based on the United Nations Sustainable Development Goals
- Sets out how the District Plan may be developed
- Seeks agreement for the proposed approach

The presentation is at Appendix 1 attached to **Document “C”**.

Recommended –

Members are asked to agree the proposed approach to the development of the District Plan.

(James Drury - 07970 479491)

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Report of the Bradford District Strategic Partnerships to the meeting of the Bradford and Airedale Health and Wellbeing Board to be held on 25th August 2020

A

Subject:

Strategic Partnership Update

Summary statement:

Chairs of the Bradford District Strategic Partnerships will present updates on:

- Work completed during the previous period
- Work to be progressed in the next period
- Areas of concern or highlights

The presentation is at **Appendix 1**

Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

Report Contact: James Drury
Programme Director, Executive Board
Phone: 07970 479491
E-mail: james.drury2@bradford.gov.uk

1. SUMMARY

1.1 Chairs of the Bradford District Strategic Partnerships updates on:

- Work completed during the previous period
- Work to be progressed in the next period
- Areas of concern or highlights

The presentation is at **Appendix 1**

2. BACKGROUND

2.2 The Health and Wellbeing Board is the lead partnership in the Bradford District Partnership working closely with the other Strategic Delivery Partnerships.

The partnerships are responsible for the delivery of specific goals and priorities within the District Plan and are ultimately accountable to the Health and Wellbeing Board on performance and delivery.

3. REPORT ISSUES

3.1 Chairs of the Strategic Partnerships (below) will update the Board on the work of each Strategic Partnership during the previous period, work that is to be progressed and areas of concern or highlights. The presentation is at **Appendix 1**.

- Children's System Board
- Cultural Place Partnership
- Economic Partnership
- Health & Care Executive Board
- Safer Communities Partnership
- Stronger Communities Partnership
- Sustainable Development Partnership

4. FINANCIAL & RESOURCE APPRAISAL

➤ There are no financial issues arising.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

there are no risk management or governance issues arising.

6. LEGAL APPRAISAL

➤ There are no legal issues arising.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

- There are no equality or diversity issues arising from this report. The Strategic Partnerships support Bradford District Partnership in delivering its equality and diversity objectives.

7.2 SUSTAINABILITY IMPLICATIONS

- There are no sustainability implications arising from this report.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

- There are no greenhouse gas emissions arising from this report.

7.4 COMMUNITY SAFETY IMPLICATIONS

- There are no community safety implications arising from this report.

7.5 HUMAN RIGHTS ACT

- There are no Human Rights Act implications arising from this report.

7.6 TRADE UNION

- There are no trade union implications arising from this report.

7.7 WARD IMPLICATIONS

- There are no ward implications arising from this report.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

- There are no Area Committee Action Plan implications arising from this report.

7.9 IMPLICATIONS FOR CORPORATE PARENTING

There are no corporate parenting implications arising from this report.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

There are no privacy implications arising from this report.

8. NOT FOR PUBLICATION DOCUMENTS

- N/A

9. OPTIONS

- Members of the Board may wish to comment on the updates presented by the Strategic Partnership Chairs.

10. RECOMMENDATIONS

- 10.1 Members are asked to consider and note the update.

11. APPENDICES

- 11.1 **Appendix 1** - Strategic Partnership Update presentation – August 2020

12. BACKGROUND DOCUMENTS

- N/A

Bradford District Wellbeing Board.

**Strategic Partnership
Update**

August 2020

Childrens System Board

1. Work completed in previous period.

- COVID assurance for children, including education, social care and skills
- Deep dive into children's mental health
- Opportunity Area
- Adverse Childhood Experiences (ACEs)

2. Work to be progressed in next period

- Children and Young People's Plan
- ACEs
- Mental health resilience for children

3. Areas of concern or highlights

- Impact of COVID especially on attendance and attainment
- Mental health resilience for children
- Capacity at the Front Door

Cultural Place Partnership

1. Work completed in previous period.

- The partnership was successful in making the case for funding from the council for strategic investment of £1,435,000 to support and leverage in external funding from key stakeholders ACE & NHLF in the region of £3,560,000
- The Leap , The Producing Hub, Bradford's Bid for 2025 , South Square and The Cultural Voice are all now active and delivering with significant positive impact despite COVID
- A new 10 year Cultural strategy was agreed to be develop
- The Lead for Cultural Partnerships was recruited and post commenced in February 2020

2. Work to be progressed in next period

- Awaiting guidelines from DCMS re the City of Culture Bid
- Developing the cultural strategy in a co created manner , which will have an impact on the delivery with sign of expected Jan 2021
- Working with key stakeholder ACE, DCMS & NHLF to position Bradford in terms of cultural recovery
- A cultural Recovery group has been set up and will feed into the Culture Place Partnership
- Mapping the needs and ambitions of the sector
- Mapping the economic impact of the Sector
- Positioning paper and invite to the Cultural Secretary, Oliver Dowden and the Cultural Recovery lead for DCMS Neil Mendoza

3. Areas of concern or highlights

- Impact of Covid on cultural sector , especially those with venues
- Economic downturn and the impact that could have on the sector to deliver outreach work in our communities
- During Covid the sector has been incredibly creative, resourceful and utilising different techniques of engagement (not all digital) they have reached over 1 million audiences, participants in the district and beyond , some of those participants being the most isolated in our society

Economic Partnership

- 1. Work completed in previous period.**
- 2. Work to be progressed in next period**
- 3. Areas of concern or highlights**

Health & Care Executive Board

1. Work completed in previous period.

- The health and care system has been focused on addressing the health and care needs of our people in relation to Covid 19, and in relation to all the other non-Covid health and care needs which people experience.
- Significant developments and learning to highlight include:
 - Our population showed us that People really Can
 - Our teams showed us how to innovate together and Act as One
 - We all learnt the importance of addressing inequality
- In common with all our local partnerships, we have also remained focused on the future. During this period our priority transformation workstreams have been scoped and plans developed; and we have learnt from the practical experiences of our teams to clarify our Act as One approach, which is how we will operate together.
 - Act as One is our guiding philosophy, the functional integration of end to end pathways, and stronger clearer governance and decision making
 - Our transformation priorities are; children's mental health, respiratory, cardiovascular disease, diabetes, frailty, better births and access to care

2. Work to be progressed in next period

- Our people need support, care, and time
- Safe re-start and recovery, alongside 'living with Covid'. People shielding, with long term conditions, Prevention and staying well
- Continue strengthening partnership between care and health sectors
- Act as One – including our transformation priorities

3. Areas of concern or highlights

- The on-going heightened presence of Covid19 infection in our District, and the control measures which this necessitates, must be balanced with the expectations of NHS planning guidance, which is focused on accelerating the diagnosis and treatment of non-covid healthcare needs; in order to avoid delays in treatment leading to poorer outcomes.
- Performance / financial challenge – heightened expectations, uncertainty of funding
- Some parts of our partnership (VCSE and care sector) face significant challenge to sustainability
- Target inequality in our approach to 're-start'
- Safety and resilience – our people
- All in context of continued higher than average rates of Covid in our communities, impacting on our teams and on the confidence of people to engage with health and care services

Safer Communities Partnership

1. Work completed in previous period.

- Policing response - 4 E's
- Engagement with businesses - face coverings, social distancing
- Neighbourhood engagement and reassurance walks
- Work to support corporate messaging
- Response to domestic abuse
- Scholemoor Cemetery
- Warm Weather Plan
- Managing anti-social behaviour

2. Work to be progressed in next period

- Neighbourhood Service Hub – Sedbergh Centre
- Bonfire Night Preparation
- Hate Crime Week
- Embed Violence Reduction Unit programme for the year
- Support young person led campaign on Nitrous Oxide (NOX)
- Extend enforcement of anti-social driving PSPO to Neighbourhood Policing Teams
- Communications Strategy for ‘Safer Bradford’

3. Areas of concern or highlights

- Community tensions relating to perceived unequal treatment – e.g. Eve of Eid lockdown announcement
- Rising concerns over drug misuse issues
- Impact of further Covid-19 restrictions

Stronger Communities Partnership

1. Work completed in previous period.

- The SCP has been focussed on providing support for the COVID19 community response; we showed how we could work together across boundaries, at pace and across sectors. People Can became the face of the district's covid19 response, the service provided reassurance and engagement over Eid and Ramadan and Bradford For Everyone programme contributed to the positive communication, and advice in engaging with diverse communities including the documentation of the affects of COVID19. The first four months of COVID19 demonstrated high levels of unity, kindness and compassion.
- The Controlling Migration Fund (Changing Places) ended in March 2020. The integration Communities Strategy programme (Bradford For Everyone) has now commissioned 39 activities, projects, research and campaigns. Approx £1.4m has been spent from year one budget. Some activity is just starting, others have been paused due to COVID19, and some are half way through delivery with some adaptations. We also continue to provide support in light of Brexit to EU communities to ensure they can get support to help with their applications for residency. We are now as a Partnership considering the focus of the service and our priorities.

2. Work to be progressed in next period

- Continue to address our priorities identified in the Stronger Communities Together Strategy, recognising that a number of people are digitally excluded, social isolated and engagement and reassurance in respect of community relations needs to developed alongside.
- Focus on building our intelligence and understanding on the impact on cohesion as a result of COVID19 by the University of Kent and the Integration and Cohesion Network “Belong” to inform our on-going priorities in light of covid19
- Strengthen the way we deliver on equalities by working more closely cross sector, focussing on Shared Values to provide a common set of values for everyone in the district – whether you work or live here.

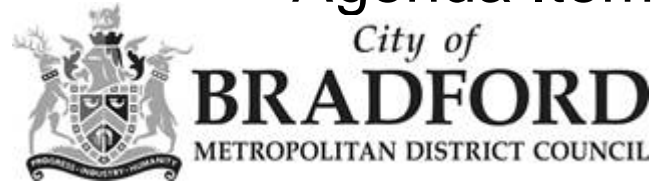
3. Areas of concern or highlights

- Due to the diversity of the district, the rise in test and trace, changing and most recent government guidelines for Bradford and potential risk of extra measures has contributed to hostility, anti-immigration sentiments, laying blame and increased hate speech online. Certain areas are using this to fuel divides. How we ensure that the kindness, compassion and good will shown by communities is continued.
- Sustainability of the Stronger Communities service once MHCLG funding has ended
- A wide reach into communities and the strong relationships across faith, VCS and across public services, we need to continue to build our intelligence so we can focus our efforts in the right areas.
- Increased concern on how we tackle inequalities, but ensuring that integration and cohesion are seen as integral to levelling up.

Sustainable Development Partnership

- 1. Work completed in previous period.**
- 2. Work to be progressed in next period**
- 3. Areas of concern or highlights**

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Report of the Director of Research, Bradford Institute for Health Research to the meeting of the Bradford and Airedale Health and Wellbeing Board to be held on 25th August 2020

B

Subject:

Lessons learned from the Bradford District COVID-19 Scientific Advisory Group (C-SAG) March 2020 – July 2020.

Summary statement:

This report presents key learning from the Bradford District COVID-19 Scientific Advisory Group regarding the COVID-19 pandemic for the period March 2020 – July 2020. It provides an overview of both planned and ongoing activities which will continue to support and inform the District response and recovery.

Professor John Wright
Director of Research, Bradford Institute
of Health Research

Report Contact: Chris Cartwright,
Research Programme Manager and
Consultant in Public Health
E-mail: chris.cartwright@bthft.nhs.uk

Portfolio:

Health People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

- Members of the Wellbeing Board are asked to note the learning from the first four months of the Bradford District COVID-19 Scientific Advisory Group (C-SAG) and both current and planned activities which will continue to support and inform the District response to and recovery from the COVID-19 pandemic.

Key Finding:

Our findings have collectively highlighted the wide range of impacts that the pandemic is having on the population of the Bradford District, that these impacts are not being experienced equally and that some of the least advantaged in society are amongst those most affected. There is a need to reduce the underlying risk from COVID-19 with a renewed focus on prevention.

2. BACKGROUND

- In response to the COVID-19 pandemic the COVID-19 Scientific Advisory Group (C-SAG) was established for the Bradford District at the end of March 2020. The purpose of the group has been to add value to the District response to and recovery from COVID-19 by collecting and synthesising data and evidence into intelligence, tailored to Bradford District, in a co-ordinated and collaborative manner.
- To achieve this the group has sought to maximise available skills, resources and data infrastructure. The group has been led by Bradford Institute for Health Research (BIHR) on behalf of local partners, harnessing existing research expertise and infrastructure within the response efforts. C-SAG represents the collective efforts of two groups:
 - i. A multi-agency group (Multi-Agency C-SAG) with participants from Bradford Institute for Health Research (BIHR), Bradford Metropolitan District Council (BMDC), Bradford District and Craven Clinical Commissioning Group (CCG) and Bradford District Care Trust (BDCT). The group is multi-disciplinary in nature with participants having varied backgrounds including clinical, data and intelligence, policy making, population health management, public health, research, strategy, transformation and change.
 - ii. A BIHR group of researchers, analysts, clinicians and public health specialists from BIHR hosted programmes and the University of York, University of Leeds and Queen Mary University London.
- C-SAG initially reported to and received tasking via the Health and Care Gold group and latterly District Gold. C-SAG has been represented on these groups by the BIHR's Director of Research.

2.1 C-SAG focus areas

- C-SAG has sought to contribute and support the response across four broad areas or workstreams, with a fifth workstream to recognise the role of underpinning data infrastructure. These and a summary of associated collaborations and outputs are shown in Figure 1.

Workstream 1 Supporting defining and identifying vulnerable groups	Workstream 2 Supporting immediate District resilience planning for COVID-19	Workstream 3 Assessing family and community impacts associated with COVID-19	Workstream 4 Assessing and modelling indirect impacts of COVID-19.	Workstream 5 Harnessing Connected Data to support the District response to COVID-19
Scope: To support Bradford Council in the definition and identification of vulnerable groups through research insights, intelligence and connected data.	Scope: To undertake and identify emerging trends of COVID-19 patients in the District and support health and care service resilience planning.	Scope: To assess the immediate and longer term family and community impacts associated with COVID-19 and related measures	Scope: To assess and model the wider, indirect impacts of COVID-19 on healthcare and our populations, providing early intelligence to inform proactive response and recovery.	Scope: To facilitate access to and sharing of data and development of connected data, supporting other C-SAG workstreams and the wider response and recovery.
Impact <ol style="list-style-type: none"> Vulnerable Groups subgroup led by Bradford Council Principles for prioritising vulnerable groups and recovery Child wellbeing analysis Detailed analysis of groups vulnerable to wider health, social and economic impacts of COVID-19 	Impact <ol style="list-style-type: none"> Collective decision making re: COVID-19 modelling COVID-19 model outputs Support for dashboard and situation report development Planning and intelligence leads sub group Collation and synthesis of shared intelligence Support for system resilience planning Epidemiological profile of COVID-19 in-patients Ethnicity and COVID-19 report and review Analysis of excess deaths Shielded populations Analysis of shielded population Schools webinar 	Impact <ol style="list-style-type: none"> Shaping of Born in Bradford research agenda by partners Establishment of a Community Soft Intelligence Group Report of key issues noted across various communities in response to initial lockdown Preliminary findings of the first 1000 participants in the Born in Bradford parents survey (+webinar) 	Impact <ol style="list-style-type: none"> Shaping of medium and longer term research agenda by partners Analysis of changing trends in Accident and Emergency attendance (x2) Analysis of changing trends in children and young people's Accident and Emergency attendance (x2) Analysis of change in admissions from stroke and heart attack 	Impact <ol style="list-style-type: none"> Expansion of Connected Bradford linked data for over 1.4 million people with further agreements in place or developing with regards to housing, education, ambulance and acute trust data sharing

Figure 1 – C-SAG Workstreams March 2020-July 2020

- Whilst the workstream structure has provided a broad framework for managing C-SAG activities, many of the analyses and findings are cross cutting in nature and to reflect this, summary findings in this report are structured with reference to key issues and areas. A full list of outputs can be found in Appendix 1 with links included to those published on the C-SAG website. Further COVID-19 related research at Bradford Teaching Hospitals Foundation Trust (BTHFT) of relevance to the District is also noted.

2.2 COVID-19 AND IMPACTS ON PEOPLE FROM BLACK, ASIAN AND MINORITY ETHNIC (BAME) BACKGROUNDS

- COVID-19 has disproportionately affected people from BAME backgrounds
- Early in the pandemic C-SAG responded to requests from Gold to provide insight into the impacts and outcomes for people from BAME backgrounds in response to local concerns regarding potentially disproportionate impacts. At the time, limited data were available, a [briefing](#) was provided based on inpatient data from BTHFT (Figure 2) and later complemented by a [review](#) of emerging national evidence.

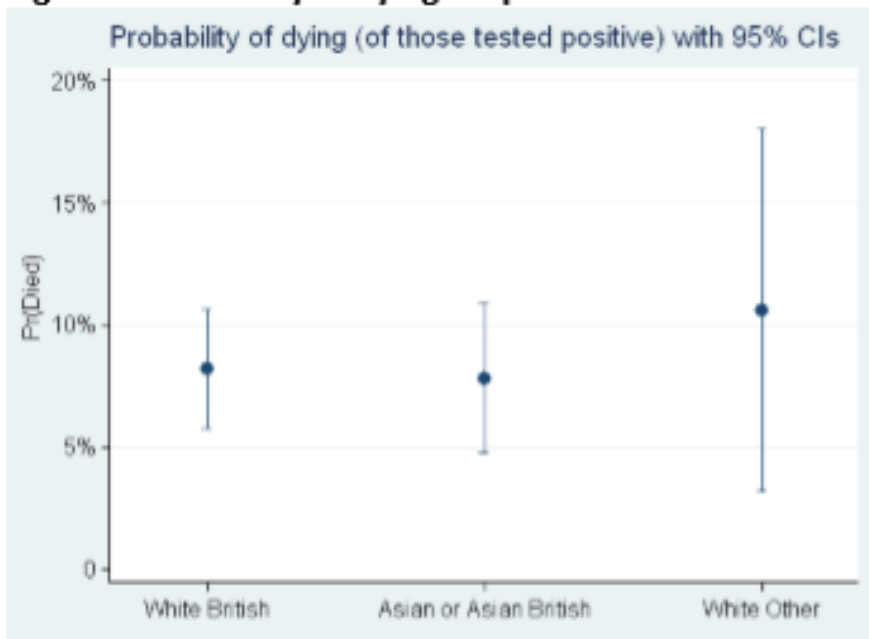


Figure 2 – Probability of dying for patients who tested positive for COVID-19 (from [C-SAG briefing paper April 2020](#))

- Public Health England have since published a [national review](#) into disparities in risk and outcomes including by ethnicity and concluded that people from BAME have a higher risk of poorer outcomes including death, from a COVID-19 infection, after accounting for other important factors e.g. socio-economic status, occupation etc.
- Poor and/or incomplete recording of ethnicity has restricted analysis and therefore understanding
- [Analysis](#) has shown that a higher proportion of individuals resident in the District were advised to shield were from BAME backgrounds (37% BAME with ethnicity recorded and 63% White British) compared with the District population (31% BAME and 69% White British). Opportunities to review deaths, beyond the hospital setting, by ethnicity have been restricted by the absence of data as ethnicity is not recorded within the

death registration process. C-SAG has contributed [findings](#) to the independent review into the impact of COVID-19 on health inequalities and support needed for BAME communities and staff commissioned by West Yorkshire and Harrogate Health and Care Partnership (WYHHCP). The need for all organisations to commit to better and consistent recording of ethnicity and to update missing and inaccurately recording of ethnicity so as to be better able to identify, understand and address these inequalities was a priority area included in this submission.

- Ongoing C-SAG activities
- Data on COVID-19 testing from Pillar 1 and Pillar 2 is currently being uploaded to GP records by the system provider. When complete, it will provide the opportunity for further analysis of COVID-19 and associated outcomes, with analysis by factors such as ethnicity possible.
- While admissions to BTHFT for COVID-19 have significantly reduced, analysis continues to be undertaken to monitor attendance, admission and outcome patterns including by age, gender, ethnicity and socio-economic status.
- In collaboration with WYHHCP, further in-depth analysis of patients admitted to hospital with COVID-19 across the region is currently underway to understand the role of other factors such as co-morbidities. Ethnicity will be a factor considered in this analysis with data being collected from participating trusts through both automated processes and clinician review of patient records.

2.3 HEALTH SERVICES AND EXCESS DEATHS

- It is too early to identify what the impacts of changes in health and care service provision, access and use due to the pandemic have had on the health of the population of the District
- In response to concerns about increases in deaths experience during the early weeks of the pandemic, Council Public Health colleagues worked with Registration Services to review available data. There were emerging concerns that increases in deaths could be associated with individuals avoiding care for fear of contracting COVID-19. The [review](#) identified increases in deaths attributed to respiratory, other causes and COVID-19 with cardiovascular, cancer and dementia deaths similar to the previous year.
- Subsequent [analysis](#) of Accident and Emergency attendances at BTHFT for April found a 54% reduction (higher than the national average) across all non COVID-19 attendance types, severity of categorisations and age ranges. Updated [analysis](#) showed a 35% and 24% reduction for May and June respectively (Figure 3) compared to the previous year, indicating demand is returning though not uniformly across conditions.

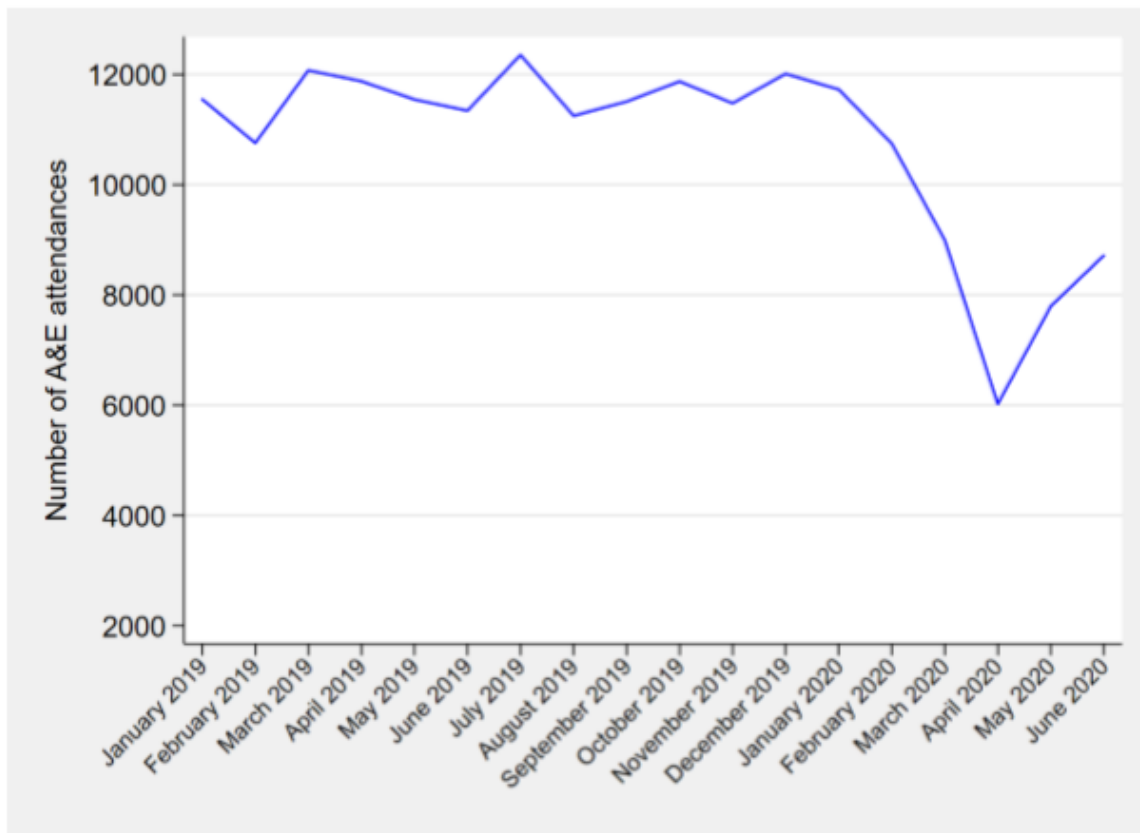


Figure 3 – Number of accident and emergency attendances at Bradford Royal Infirmary between 1st January 2019 and 30th June 2020 (from [C-SAG briefing paper](#) July 2020)

- [Analysis](#) of admissions for myocardial infarctions and strokes at BTHFT showed that they were lower during the first 8 weeks of lockdown but have since returned to levels seen in previous years.
- Despite reductions in attendances, health anxieties were clearly evident in the [preliminary findings](#) of the first 1000 responses to the Born in Bradford (BiB) parents survey with 2 in 5 participants reporting worrying about their health most or all of the time, and were more likely to be worried if they lived in a household with someone who was shielding or clinically vulnerable.
- [Ongoing C-SAG activities](#)
- Opportunities to understand the potential longer-term impacts of the pandemic on non-COVID-19 health conditions, to inform the District response, are being explored in conjunction with partners at WYHHCP, Public Health England, Leeds Institute of Data Analytics and the Turing Institute.

2.4 MENTAL HEALTH

- [Poorer mental health outcomes are shared concern](#)
- Concerns about the mental health impacts of the pandemic, lockdown measures and associated consequences e.g. employment security were evident in conversations with communities as part of the development of the community soft intelligence [report](#). In the [analysis](#) of Accident and Emergency data, the least reductions were seen in attendances for mental health related conditions, likely reflecting the overall increase in

prevalence and severity of these conditions in the population associated with the pandemic. Within the [preliminary findings](#) of the BiB parents survey, 2 in 5 respondents had depression and 2 in 5 had anxiety (Figure 4), with the risk being higher for those struggling financially and for White British respondents. Findings have contributed to a series of [mental health needs assessments](#) produced by Bradford Council Public Health colleagues and Public Health England as using C-SAG findings to inform a spotlight report on BAME mental health.

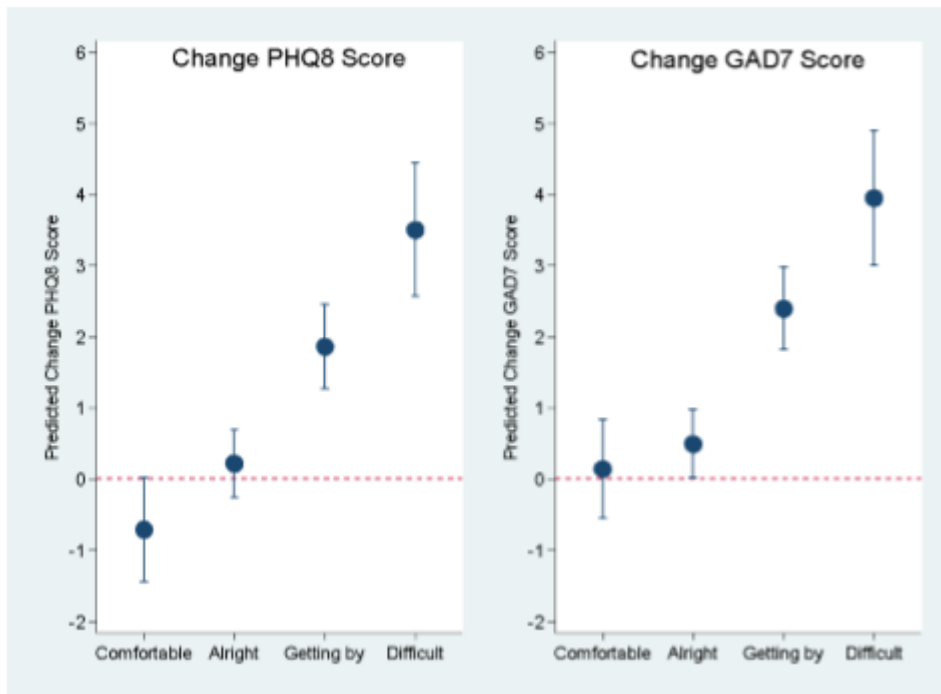


Figure 4 – Change in measures of depression (PHQ8) and anxiety (GAD7) amongst parents who responded to the Born in Bradford survey when comparing pre-COVID-19 to the lockdown period (from [Born in Bradford Preliminary Findings webinar](#) July 2020)

- [Ongoing C-SAG activities](#)
- Conversations continue with a view to linking from Bradford District Care Trust to the Connected Bradford linked database to enable analysis of mental health data and support better understanding of mental health in the District.
- Questions to ascertain the prevalence of common mental health conditions such as depression and anxiety will continue to be included in future rounds of the BiB surveys.

2.5 CHILDREN AND YOUNG PEOPLE

- [The effects of the pandemic lockdown on children and young people is a shared concern of parents, communities and system partners](#)
- Specific [analysis](#) of accident and emergency attendance by children and young people was undertaken to inform and support the service response after showing that reductions were greatest amongst this population. [Preliminary findings](#) from the BiB parent survey showed that 1 in 5 respondents lacked confidence in their ability to support their children’s learning at home. Of children eligible for a school place during lockdown, only 16% took this up with the main reasons being that childcare was available at home and because of fears their child might catch the virus. Whilst further data is gathered and analysed, historic data and research provides important insights

and areas for action for example [analysis](#) of child wellbeing pre-pandemic (Figure 5). Data from the BiB research cohorts provide a baseline to better understand the impact of the pandemic itself.

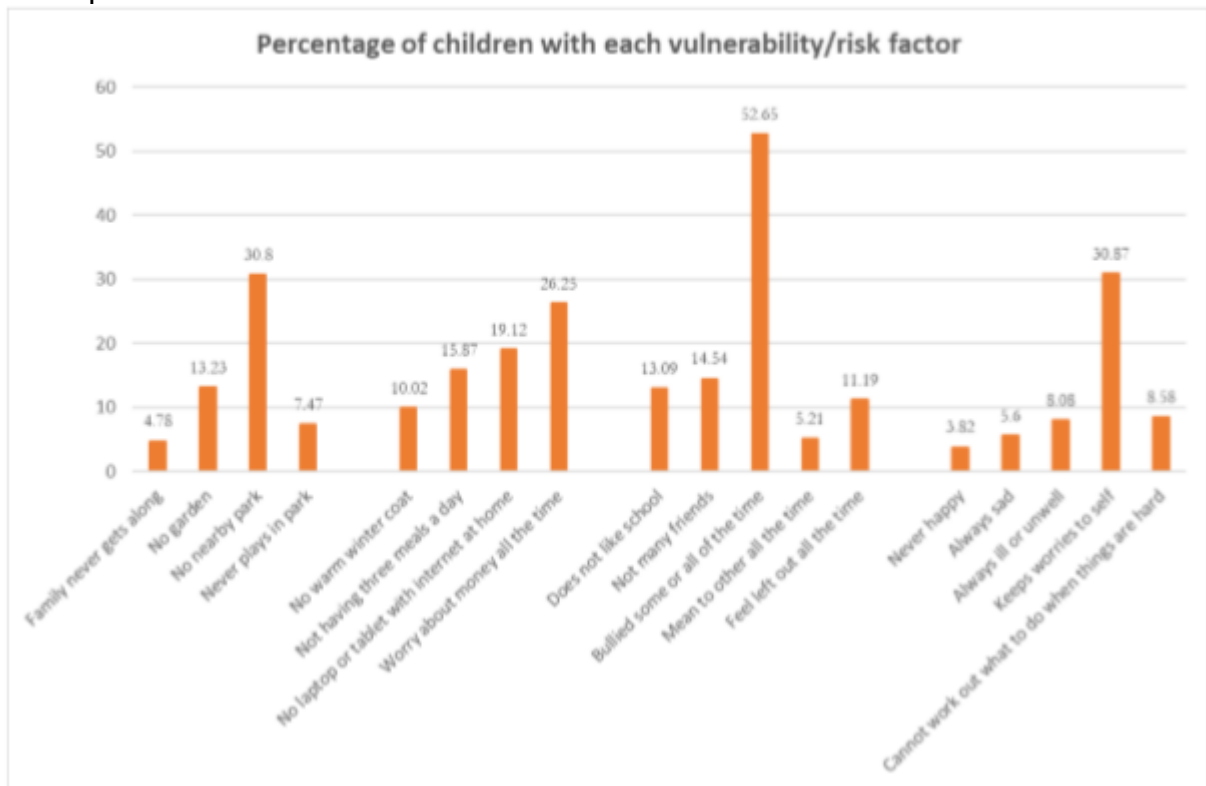


Figure 5 – Percentage children with each vulnerability/risk factor to wellbeing from Born in Bradford primary schools survey data (from [C-SAG briefing paper](#) June 2020)

- The Centre for Applied Education Research held a [webinar](#) linking school leaders with experts in public health, epidemiology, mental health and paediatrics; providing health and scientific advice and support with the challenges of restarting schools. CAER have also hosted a number of meetings with the Department for Education and Department for Health and Social Care providing insights into the impact of lockdown on children and young people.
- [Ongoing C-SAG activities](#)
- BiB have undertaken a [children's survey](#), with further rounds planned later in the year to help build a longitudinal understanding of the impacts of the pandemic. Data are currently being analysed for the first round with results available in the coming weeks.
- Further in-depth interviews will begin shortly to explore children's experience of lockdown and provide further insights to support the system response.
- CAER is contributing and supporting the educational response to the pandemic and is conducting a school survey with senior leaders and special educational need coordinators to capture the response to COVID-19, particularly in relation to vulnerable children, race and disadvantage.
- In parallel, CAER have been asked to lead a national project establishing an Electronic Vulnerability Index, using linked routine data to identify and coordinate service delivery for children at risk. This will build on an existing model developed for Bristol City Council.
- CAER have organised further webinars and supporting materials for schools at the end of August and September to support the return of children to educational settings.

- Obesity has been linked to a greater risk of serious illness and death from COVID-19. Prevention of obesity at all ages is important not just for COVID-19 but for other health conditions too. In response to anecdotal reports of potential increases in child obesity related to the lockdown, a funding bid for a follow-up round of the Child Measurement Programme is being developed to help assess changes and explore any inequalities which may arise.

2.6 WIDER IMPACTS ON FAMILIES AND COMMUNITIES

- The pandemic and lockdown restrictions are not being experienced equally and for many are having adverse consequences which could be long lasting
- [Conversations](#) with community representatives during the early lockdown period, highlighted both shared and differing challenges during the early lockdown period. For example, many reported concerns regarding exacerbation of existing financial insecurity and poverty but these concerns were driven by different factors such as difficulties in accessing government support, concerns about access to free school meals or not being eligible for benefits/support due to employment type.
- Within the [preliminary findings](#) of the BiB parents survey, 1 in 10 had severe financial and food insecurities and reported being worried about losing their home and having to skip meals because there wasn't enough food. Those who were struggling financially and/or having depression or anxiety were repeatedly associated with other negative outcomes. These respondents were more likely to have health anxiety, do less physical activity, be less confident in supporting their childrens' home learning, have a poor relationship with their partner and be socially isolated.
- As a consequence of changes in income there is a risk that new families will be pushed into poverty, especially those furloughed (49% reported being worse off than before pandemic) and those self-employed but not working (69% reported being worse off than before pandemic).
- Conversely whilst loneliness was an issue for some older people, most participants from the Bradford District in the CARE75+ research cohort reported good health with low levels of health anxiety, anxiety and depression.
- The collective findings evidence that the impacts of the pandemic are wide ranging, affecting individuals in different ways, bringing into sharp relief and potentially worsening existing inequalities.
- In response to emerging concerns around impacts and inequalities C-SAG developed [guiding principles](#) for minimising the impact of lockdown exist on vulnerable groups and wider inequalities. This has been further developed into a comprehensive [report](#) which provides detail on groups vulnerable to the wider health, social and economic impacts of the pandemic in the District (Figure 6), defining and quantifying groups and associated control and mitigation measures.

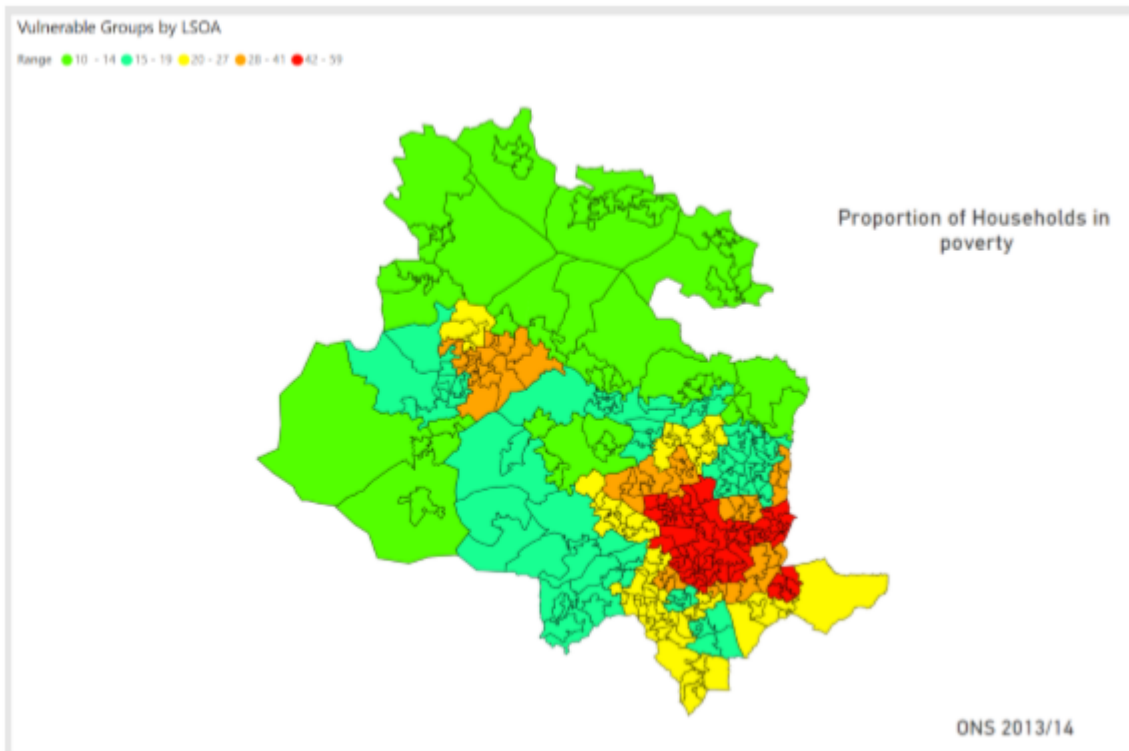


Figure 6 – Mapping vulnerable groups, proportion of households living in poverty (from [C-SAG briefing paper](#) June 2020)

- Ongoing C-SAG activities
- BiB are currently undertaking the final analysis of the first round of the parents survey with further rounds planned over the course of the coming year to help build an understanding of the longer term impacts of the pandemic. Further surveys have been deployed focussing on the experience of pregnant women during the pandemic period with follow-up surveys planned post pregnancy over the course of the coming year.
- BiB will be engaging with partners and the public regarding the final results to support the translation of intelligence from the suite of surveys into action with a focus on prevention and reducing inequalities, linking with established programmes and groups as relevant.
- A Community Soft Intelligence group, bring together community engagement expertise from the CCG, Council, Health Watch, Community and Voluntary Sector and BIHR has been established to support collaboration regarding community engagement activities and to maximise use of the insights that the public provide.

2.7 PERCEPTIONS OF THE PANDEMIC

- There are a wide range of beliefs and information sources being accessed about the pandemic – better understanding these beliefs has important implications for service provision and use
- Through anecdotal reports and engagement work with the community, we have identified are multiple perspectives and beliefs about the pandemic with particular hoax and fake news stories circulating identified in the community soft intelligence [report](#). Shared concern has also been expressed about young people’s adherence to social

distancing requirements. Coupled with the high levels of health anxiety reported in the [preliminary findings](#) of the BiB parents survey, further research is being undertaken to explore these issues and provide appropriate evidence and insight to help services appropriately respond.

➤ Ongoing C-SAG Activities

- In depth interviews will begin shortly with a broad range of interviewees to explore health beliefs and also perceptions regarding a potential COVID-19 vaccine should one become available.
- The Community Soft Intelligence Group is currently synthesising further evidence to support understanding of perspectives and experiences of the pandemic across different communities in the District.

2.8 COLLABORATION AND SUPPORTING THE DISTRICT RESPONSE

- A research ready city and collaboration of professionals from different disciplines and organisations has added value to the District response to COVID-19
- Positive working relationships between partners and research infrastructure, including Born in Bradford which is following the lives of 30,000 Bradford residents and Connected Bradford linked data, existed in the District prior to the emergence of COVID-19. The pandemic has catalysed a collective response seeking to tackle the challenges facing the District, harnessing unique assets, attributes and research infrastructure to provide insight and intelligence, informing the District response.
- BIHR has pooled internal expertise within its programmes and external expertise from the University of Leeds, University of York, Queen Mary University and Centre for Applied Education Research through the BIHR C-SAG.
- BiB research infrastructure has been repurposed enabling analysis by important factors such as ethnicity and further, the impacts associated with the pandemic to be determined by comparing findings with pre-pandemic baseline data.
- The Connected Bradford linked database has supported much of the analysis undertaken, provided data to support system resilience planning and is currently being upgraded to improve accessibility and usability for partners outside of BIHR.
- The multi-agency C-SAG has provided a forum in which professionals from different disciplines and organisations have collaborated, pooling data, skills and resources to address the challenges of the pandemic.
- In the initial stages of pandemic this included an [assessment](#) of COVID-19 models of potential COVID-19 cases, associated hospital and critical care demand and potential COVID-19 related deaths. This supported shared decision making as to which was most appropriate for use in the District as well as facilitating collaborations to develop relevant dashboards and situation reports. The group has also actively shaped the research undertaken through the BIHR C-SAG.
- Collectively both groups have not only responded to requests from Gold but also proactively identified emerging issues for consideration. Further, they have supported the work of individual organisations by sharing relevant intelligence, insights and professional expertise.
- C-SAG has secured external research funding from UK Research and Innovation to support the COVID-19 pregnancy surveys and interviews and jointly with Bradford Council funding from the National Institute for Health Research to scope requirements

for Local Authority research system.

- C-SAG has made contributions to local and regional system responses and findings have been submitted as written evidence to the House of Commons EFRA Committee on Covid-19, the Food Supply and Parliamentary Office of Science and Technology (POST) Survey of Experts to feed into the House of Lords Covid-19 Committee on medium- to long-term impact of Covid-19 on inequalities and the House of Commons Select Committee on Women and Equalities on gendered impact of the crisis on families on low incomes.
- Ongoing C-SAG activities
- Further research activity (Appendix 2), to inform the local response, has been scheduled for the coming months.
- The scope, function and membership of C-SAG and relationships to changed governance structures are currently being reviewed to ensure that C-SAG or a revised Scientific Advisory Group, continues to provide the necessary input into the next phase of the pandemic and beyond given that COVID-19 will profoundly shape lives, trajectories and outcomes for many years to come.

2.9 CLINICAL RESEARCH

- Bradford has lived up to its reputation as a City of Research by being the largest recruiter of patients into COVID-19 clinical trials during the pandemic. We have recruited to 33 clinical trials and studies with almost 1000 patients recruited, half from BAME backgrounds so addressing the under-representation of BAME patients in clinical research. Vaccine trials are the next phase and we are working closely with system partners to establish these.
- Recent published [findings](#) include reducing intensive care demand through early use of continuous positive airway pressure (CPAP) treatment CPAP proning of COVID-19 patients.

2.9.1 COVID-19 Immune Response

- One of the big areas of scientific uncertainty is how our immune systems respond to COVID-19 and how long we maintain immunity after infection. C-SAG is working with national experts to help answer these important questions. Through the UK COVID-19 Immune Consortium, a £5 million Medical Research Council programme, and a collaboration with national birth cohort studies we will be offering antibody testing to over 2000 families in the Born in Bradford study. We will be following up the positive cases with detailed B cell and T cell immune investigations to elucidate how our bodies remember and respond to coronavirus infection over time.
- We are also participating in the national SIREN study involving 10,000 NHS staff to monitor new COVID-19 infections (using antigen testing) and antibody testing to investigate subsequent immune responses.

2.9.2 Yorkshire Quality and Safety Research Group: Impact of COVID-19 response on staff

- Aligned to C-SAG the Yorkshire Quality and Safety Research Group are conducting a study to capture the real-time experience of staff across all levels and settings to better understand how a healthcare organisation manages during a public health crisis.

Study findings will provide a rich case study that can be used within Bradford for future planning of such crises and add greatly to our understanding of how to support health system resilience.

2.10 SUMMARY AND NEXT STEPS

- In summary C-SAG has fulfilled its original purpose through:
 - i. Production of a significant number of outputs tailored to the Bradford District to support and inform local decision making, policy and practice in response to COVID-19 (Appendix 1)
 - ii. Submitting findings to regional and national calls for evidence, highlighting the challenges and circumstances faced in the Bradford District
 - iii. Providing a unique forum for multi-agency and multi-disciplinary collaboration, research agenda setting, data sharing, synthesis and problem solving
 - iv. Harnessing the unique local research infrastructure (including Born in Bradford and Connected Bradford) and through partnership working, ensured that current and future research addresses the needs of local policy and decision makers responding to both the direct and indirect impacts of the COVID-19 pandemic.
- Our findings have collectively highlighted the wide range of impacts that the pandemic is having on the population of the Bradford District, that these impacts are not being experienced equally and that some of the least advantaged in society are amongst those most affected. There is a need to reduce the underlying risk from COVID-19 with a renewed focus on prevention.
- We have a [recent BMJ editorial](#) highlighting the importance of non-communicable diseases in the context of COVID19 and call for greater urgency in addressing these. Our South Asian communities have 2-4 times the risk of diabetes and heart disease, and greater levels of central adiposity. We have shown in Born in Bradford how this risk begins in pregnancy and early life and that the causes lie in the wider determinants of health (housing, food systems, urban design, education, air quality, culture) far more than just individual behavioural choices. We need to be much more ambitious and braver in our efforts to redesign our complex systems (with supportive local policy and legislation) to provide health promoting environments and harness the creativity of our communities in doing so.
- There is enthusiasm and commitment to providing a sustainable scientific advisory function for the District. We have submitted proposals for an ActEarly North Institute to the West Yorkshire Combined Authority which we hope will ensure we can build on and continue our collaboration and research.
- Next steps
- The scope, function and membership of C-SAG and relationships to changed governance structures are currently being reviewed to ensure that C-SAG or a revised Scientific Advisory Group, continues to provide the necessary input into the next phase

of the pandemic and beyond given that COVID-19 will profoundly shape lives, trajectories and outcomes for many years to come. Prevention activities and prevention research, through the ActEarly North Institute will be key to reducing risk and mitigating impacts of the pandemic.

3. OTHER CONSIDERATIONS

- None to report.

4. FINANCIAL & RESOURCE APPRAISAL

- There are no financial issues arising from this report.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- There are no risk management or governance issues arising from this report.

6. LEGAL APPRAISAL

- There are no legal issues arising from this report..

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

- There are no equality or diversity issues arising from this report. C-SAG outputs provide information to support Bradford Council and partners in delivering their equality and diversity objectives.

7.2 SUSTAINABILITY IMPLICATIONS

- There are no equality or diversity issues arising from this report.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

- There are no greenhouse gas emission impacts arising from this report.

7.4 COMMUNITY SAFETY IMPLICATIONS

- There are no community safety implications arising from this report.

7.5 HUMAN RIGHTS ACT

- There are no human rights act implications arising from this report.

7.6 TRADE UNION

- There are no trade union implications arising from this report..

7.7 WARD IMPLICATIONS

- There are no ward specific implications arising from this report.

7.9 IMPLICATIONS FOR CORPORATE PARENTING

There are no implications for corporate parenting arising from this report.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT

There are no privacy issues arising from this report.

8. NOT FOR PUBLICATION DOCUMENTS

- None.

9. OPTIONS

- This report is for information only.

10. RECOMMENDATIONS

- Members are asked to consider and note the contents of this report.

11. APPENDICES

- Appendix 1 – Summary of C-SAG outputs and publications March 2020-July 2020
- Appendix 2 – Ongoing BIHR COVID-19 related research activity

11.1 Appendix 1 – C-SAG outputs and publications March 2020-July 2020

Workstream 1 – Supporting defining and identifying vulnerable groups

Type	Item	Lead
Collaboration	Specific Vulnerable Groups sub group led by BMDC with contributions from BIHR based on knowledge from Born in Bradford research and Connected Bradford data.	-
Briefing Paper	Vulnerable Groups and Recovery – Principles for minimising the impact of lockdown exist on vulnerable groups and wider inequalities.	BMDC
Briefing Paper	Child Wellbeing Pre-COVID-19 – Highlights of the prevalence of vulnerabilities to support planning during the crisis and recovery period.	BIHR
Briefing Paper	Groups who are vulnerable to the wider health, social and economic impacts of COVID-19 in Bradford – defining and quantifying groups and associated control/mitigation measures.	BMDC

Workstream 2 – Supporting immediate District scenario planning for COVID-19

Type	Item	Lead
Briefing Paper	An overview of models for predicting demand for COVID-19 hospital inpatient care in local areas of the UK.	BIHR
Collaboration	Shared decision making regarding most appropriate COVID-19 model to apply to the Bradford District by BMDC / CCG colleagues.	-
Output	Provision of model outputs, updated as and when new modelling available.	BMDC / CCG
Collaboration	Shared perspectives and contributions to the development of dashboards and situation reports produced by BMDC / CCG colleagues.	-
Collaboration	Discussions to support identification and sharing of shielded population list.	-
Output	Epidemiological profile of COVID-19 inpatients at BTHFT (periodic updates).	BIHR
Collaboration	Discussions, framework outlines and identification of data sources / types to support system resilience planning by Health and Care.	-
Output	Data on historic patient flow from non-elective admission to discharge including social care demand to support system resilience planning by Health and Care.	BIHR
Briefing Paper	Ethnicity and COVID-19 cases and deaths in Bradford District.	BIHR
Briefing Paper	Excess and COVID-19 deaths analysis by cause.	BMDC
Briefing Paper	Excess and COVID-19 deaths analysis by ethnicity and socio-economic deprivation.	BMDC
Briefing Paper	Impact of COVID-19 on BAME communities: summary of national data and evidence.	BIHR
Collaboration	Specific data and intelligence sub-group to enable discussions with Trust / BMDC planning and intelligence leads to support health and care planning.	CCG
Collaboration	Collation and synthesis of shared intelligence and insight to	CCG

	support health and care planning.	
Output	Analysis of shielding population by ethnicity.	CCG
Webinar	For Head Teachers in Bradford District, providing health and scientific advice and support with the challenges of restarting schools – specialist contributions from CCG / BMDC / BIHR / BTHFT.	-

Workstream 3 – Assessing family and community impacts associated with COVID-19

Type	Item	Lead
Briefing Paper	Community Soft Intelligence – Key issues noted across various communities in Bradford District after the COVID-19 outbreak and lockdown.	BIHR
Collaboration	Insights and perspectives from partners to shape content of Born in Bradford series of Parent, Children, Pregnant Women and Post Partum Women series of longitudinal surveys and shape focus of in-depth qualitative research.	-
Briefing Paper	Findings of the First 1000 Participants in the Born in Bradford COVID- 19 Parents Survey.	BIHR
Collaboration	Establishment of a Community Soft Intelligence Group to support collaborative working and sharing of insights gained through community engagement work from partners including BMDC / CCG / BIHR / Health Watch / Community and Voluntary Sector Assembly.	-
Webinar	For District partners and other relevant organisations e.g. Public Health England, West Yorkshire and Harrogate Health and Care Partnership to share preliminary findings of Born in Bradford COVID-19 Parents Survey and gather partner insights.	BIHR

Workstream 4 – Assessing and modelling indirect impacts of COVID-19

Type	Item	Lead
Collaboration	Insights and perspectives from partners to shape the development of initial analysis plan to provide intelligence on the medium and longer-term impacts of COVID-19 on the population.	-
Output	Analysis of changing trends in Accident and Emergency attendance – comparison of pre-lockdown with lockdown period.	CCG
Briefing Paper	Impact of COVID-19 on Accident and Emergency activity (April 2020).	BIHR
Briefing Paper	Impact of COVID-19 on Accident and Emergency activity of children and young people (April 2020).	BIHR
Briefing Paper	Impact of COVID-19 on Accident and Emergency activity (April - June 2020).	BIHR
Briefing Paper	Impact of COVID-19 on Accident and Emergency activity of children and young people (April – June 2020).	BIHR
Briefing Paper	Change in admissions from stroke and heart attack during COVID-19.	BIHR

Workstream 5 – Harnessing Connected Data to support the District response to COVID-19

Connected Bradford and associated research databases have provided the appropriate

infrastructure supporting BIHR analysis, outputs and briefing papers to inform the system response during this time. Additional data has been added to the Connected Bradford system and progress has been made regarding data sharing agreements and impact assessments with other partners. Hosting of Connected Bradford is currently transitioning to a secure cloud environment within the Yorkshire and Humber Care Record which will increase accessibility and functionality over the coming months.

Publications

- Lawton T, Wilkinson KM, Corp A, Javid R, MacNally L, McCooe M, et al. Reduced ICU demand with early CPAP and proning in COVID-19 at Bradford: a single centre cohort. medRxiv. 2020:2020.06.05.20123307. (<https://doi.org/10.1101/2020.06.05.20123307>)
- Power M, Doherty B, Pybus K, Pickett K. How COVID-19 has exposed inequalities in the UK food system: The case of UK food and poverty [version 2; peer review: 5 approved]. Emerald Open Research. 2020;2(11). (<https://doi.org/10.35241/emeraldopenres.13539.2>)
- Santorelli G, Sheldon T, West J, Cartwright C, Wright J. COVID-19 in-patient hospital mortality by ethnicity [version 1; peer review: 2 approved]. Wellcome Open Research. 2020;5(86). (<https://doi.org/10.12688/wellcomeopenres.15913.1>)
- Sheldon TA, Wright J. Twin epidemics of covid-19 and non-communicable disease. BMJ. 2020;369:m2618. (<https://doi.org/10.1136/bmj.m2618>)

11.2 Appendix 2 Ongoing BIHR COVID-19 related research activity

ID	Research Item	Status
Born in Bradford		
A01	Family Survey (1a - Lockdown)	Final analysis underway
A02	Children's Survey and Parent supplement (2a - Lockdown)	Data collection complete - analysis pending
A03	Pregnancy Survey (3a - Ongoing)	Data collection ongoing
A04	Post Partum Survey (3b/4a - 10-14 weeks)	Data collection ongoing
A05	Post Partum Survey (3c/4b - 6 months)	To be developed
A06	Post Partum Survey (3d/4c 12 months)	To be developed
A07	Family Survey (Round 1b - BiB version October 2020)	To be developed
A08	Family Survey (Round 1c - BiBSB version October 2020)	To be developed
A09	Children's Survey (Round 2b October 2020)	To be developed
A10	Family Survey (Round 1bb - BiB version January 2021 onwards)	To be developed
A11	Family Survey (Round 1cc - BiBSB version January 2021 onwards)	To be developed
A12	Children's Survey (Round 2c January 2021 onwards)	To be developed
A13	Growing Up Restart & LPS Serology (September 2020)	TBC
A14	Serology UKCIC	TBC
A15	Health Beliefs Interviews (inc. Imms)	Data collection imminent
A16	Children and Young People's Mental Wellbeing Interviews	Data collection imminent
A17	Pregnant Women Interviews	Data collection imminent
A18	Post Partum Interview (upto 3 months)	TBC
A19	Post Partum Interview (6 months)	TBC
A20	Post Partum Interview (9-12 months)	TBC
A21	Partner Interviews (time points TBC)	TBC
A22	Perinatal Professionals Interviews	TBC
A23	Soft Intelligence Report - District Summary upto July 2020	Synthesis underway
A24	Community food asset mapping / food insecurity	Ongoing
A25	Proposal - Childhood Obesity	Proposal for funding under development
A26	BiB Breathes Survey (January 2021)	To be developed
CARE75+		
B01	Older Peoples Survey (Round 1 - Lockdown)	Final analysis complete
Connected Bradford Research		
C01	Diabetes and COVID-19	Analysis developed, staff induction underway
C02	Monthly Epi Report of COVID-19 cases for BTHFT	Ongoing - produced upto end of June 20
C03	Quarterly A&E analysis for BTHFT	Ongoing - produced upto end

		of June 20
C04	COVID-19 Epidemiology - Ethnicity and Co-morbidities	Data collection almost complete, data analysis plan completed
C05	Mental Health analysis during lockdown period	Awaiting data
C06	Longer term health needs of COVID-19 cases	Protocol to be updated then to meet with CCG
C07	COVID-19 and Air Quality analysis	Waiting for testing data upload to SystmOne
Centre for Applied Education Research		
D01	Education and Health webinars	Initial webinar held 15 th July. Follow up sessions 27 th August and mid September
D02	School Survey	Data collection complete - analysis pending
D03	Electronic Vulnerability Index (eVI)	Leading a National group on implementation of eVI
D04	Delivery and evaluation of a tuition programme	Project delivery plans being developed
D05	SEMH programme for schools over next academic year	Project delivery plans being developed
D06	Whole system coordination of support to schools over next academic year	Project delivery plans being developed
Yorkshire Quality and Safety Group		
E01	Impact of COVID-19 response on staff	Ongoing

12. BACKGROUND DOCUMENTS

- Documents referred to in this report are detailed in Appendix 11.1 – C-SAG Outputs March 2020 – July 2020 with appropriate hyperlinks where published.



Report of the Programme Director, Executive Board to the meeting of the Bradford and Airedale Health and Wellbeing Board to be held on 25th August 2020

C

Subject:

Development of our District Plan: Focus on Wellbeing

Summary statement:

The Programme Director will provide a presentation to the Board that proposes:

- The development of a single suite of wellbeing indicators based on the United Nations Sustainable Development Goals
- Sets out how the District Plan may be developed
- Seeks agreement for the proposed approach

The presentation is at **Appendix 1**

James Drury
Programme Director, Executive Board

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Phone: 07970 479491
E-mail: james.drury2@bradford.gov.uk

Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

1.1 The Programme Director will present a proposal to the Board that:

- the development of our single suite of wellbeing indicators be based on the United Nations Sustainable Development Goals
- Set out how the District Plan may be developed
- Seek agreement for the proposed approach

The presentation is at **Appendix 1**

2. BACKGROUND

2.1 The Board has previously agreed to develop one overarching District Plan with a five year planning horizon, that draws together the plans and strategies of each of the Strategic Partnerships, and the Joint Health and Wellbeing Strategy.

3. REPORT ISSUES

3.1 The presentation of the Programme Director (**Appendix 1**) covers:

- Developing our District Plan
- Alignment of our strategic partnerships with Wellbeing Frameworks – UN SDGs
- Why we should apply wellbeing measurement
- Creating the next District Plan
 - Scope and Context
 - Work required
 - Who will do the work and be involved
 - How & when the work will be delivered

4. FINANCIAL & RESOURCE APPRAISAL

➤ There are no financial issues arising.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

There are no risk management or governance issues arising.

6. LEGAL APPRAISAL

➤ There are no legal issues arising.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

- There are no equality or diversity issues arising from this report. The Strategic Partnerships support Bradford District Partnership in delivering its equality and diversity objectives.

7.2 SUSTAINABILITY IMPLICATIONS

- There are no sustainability implications arising from this report.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

- There are no greenhouse gas emissions arising from this report.

7.4 COMMUNITY SAFETY IMPLICATIONS

- There are no community safety implications arising from this report.

7.5 HUMAN RIGHTS ACT

- There are no Human Rights Act implications arising from this report.

7.6 TRADE UNION

- There are no trade union implications arising from this report.

7.7 WARD IMPLICATIONS

- There are no ward implications arising from this report.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

- There are no Area Committee Action Plan implications arising from this report.

7.9 IMPLICATIONS FOR CORPORATE PARENTING

There are no corporate parenting implications arising from this report.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

There are no privacy implications arising from this report.

8. NOT FOR PUBLICATION DOCUMENTS

- N/A
-

9. OPTIONS

- Members of the Board may wish to comment on the information and proposal presented.

10. RECOMMENDATIONS

- 10.1 Members are asked to agree the proposed approach to the development of the District Plan.

11. APPENDICES

- 11.1 **Appendix 1** - Focus on Wellbeing in our District Plan – August 2020

12. BACKGROUND DOCUMENTS

- N/A

Focus on Wellbeing in our District Plan

**Bradford District Wellbeing
Board**

August 2020

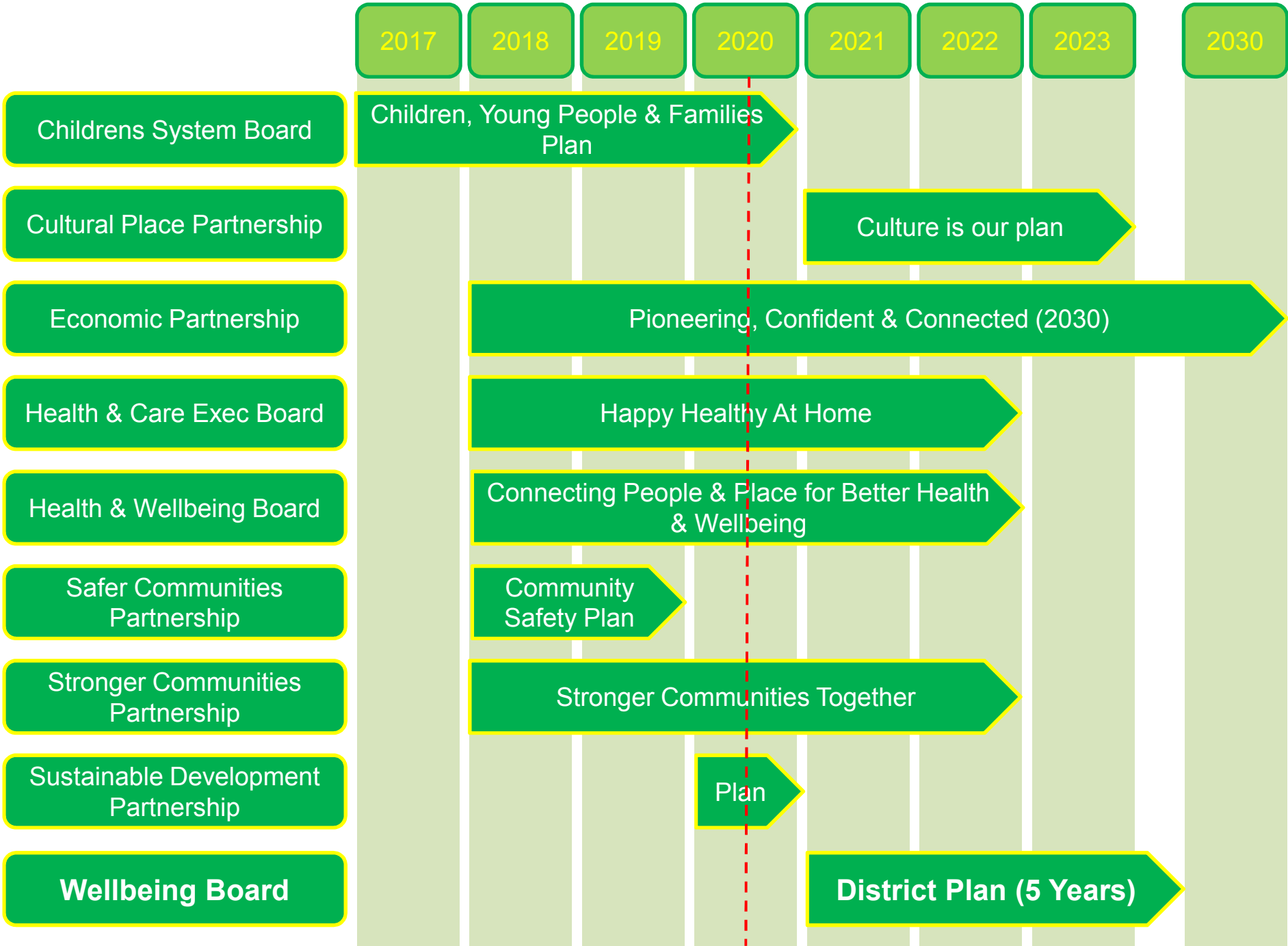
Developing our District Plan

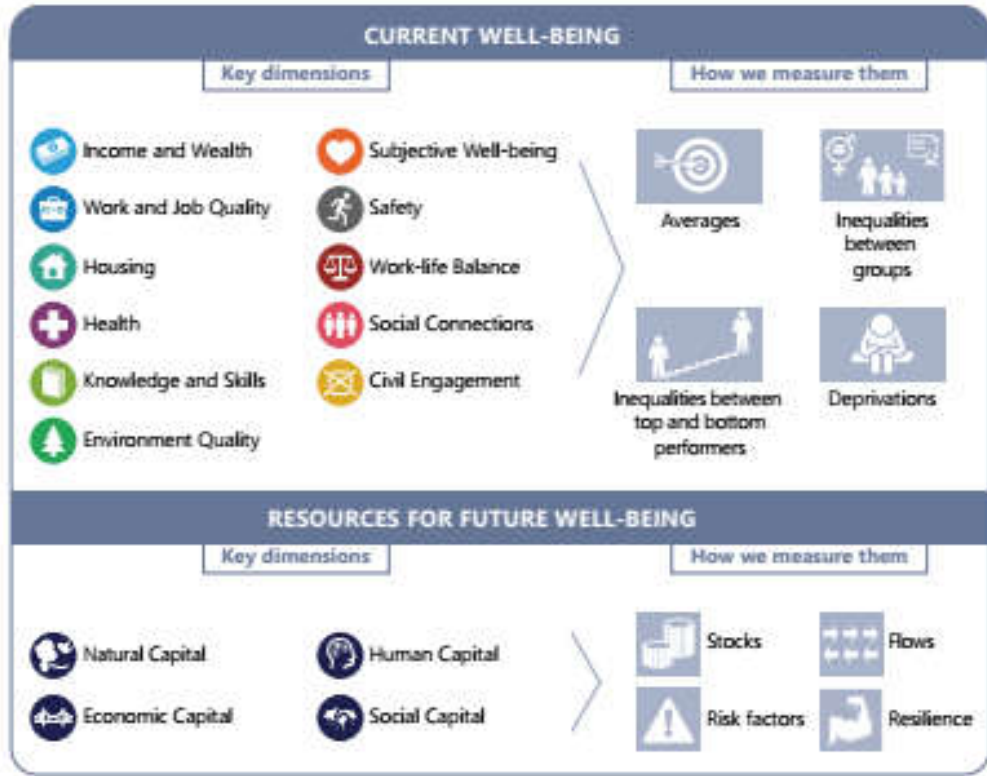
Previously agreed

- ✓ **The revised remit of The Wellbeing Board requires a sufficiently wide lens** on all the driving forces of wellbeing; and a **focus on social justice, equality and combating health inequalities.**
- ✓ Agreed to develop **one overarching District Plan with a five year planning horizon**, that draws together the plans and strategies of each of the Strategic Partnerships, and the Joint Health and Wellbeing Strategy.
- ✓ All of our plans are running to different timescales currently, so aim for a transition period to allow meaningful alignment, and ensure this is **more than the sum of its parts.**
- ✓ **All of our plans must adapt to changed circumstances**, living with Covid and the impact of control measures. District Recovery Plan assists with this.
- ✓ Our new plan to be **measured via a single suite of Wellbeing indicators**

Today's proposition

- Base the development of our single suite of wellbeing indicators on the United Nations Sustainable Development Goals
- Set out how we will develop the District Plan
- Seek your agreement for the proposed approach





Measuring Wellbeing: The OECD and UN frameworks

UN Sustainable Development Goals



OECD Better Life Initiative

- Broad cross-over between OECD and UN SDGs – but worth keeping both in view as sources and for comparative analysis
- Also see analysis of wellbeing frameworks
<http://eprints.leedsbeckett.ac.uk/5238/> What Works for Wellbeing



Scotland's National Performance Framework



National Performance Framework
nationalperformance.gov.scot

National Outcome: Human Rights



National Indicators

- Public services treat people with dignity and respect
- Quality of public services
- Influence over local decisions
- Access to justice

Sustainable Development Goals

- SDG 5: Gender equality
- SDG 10: Reduced inequalities
- SDG 16: Peace, justice and strong institutions
- SDG 17: Partnerships for the goals

National Outcome: Culture



National Indicators

- Attendance at cultural events or places of culture
- Participation in a cultural activity
- Growth in cultural economy
- People working in arts and culture

Sustainable Development Goals

- SDG 5: Gender equality
- SDG 10: Reduced inequalities
- SDG 11: Sustainable cities and communities

National Outcome: Environment



National Indicators

- Visits to the outdoors
- State of historic sites
- Condition of protected nature sites
- Energy from renewable sources
- Waste generated
- Sustainability of fish stocks
- Biodiversity
- Marine environment

Sustainable Development Goals

- SDG 5: Gender equality
- SDG 7: Affordable and clean energy
- SDG 8: Decent work and economic growth
- SDG 9: Industry, innovation and infrastructure

National Outcome: Health

National Indicators

- Healthy life expectancy
- Mental wellbeing
- Healthy weight
- Health risk behaviour
- Physical activity

Sustainable Development Goals

- SDG 5: Gender equality
- SDG 10: Reduced inequalities

National Outcome: Work

National Indicators

- The number of businesses
- High growth businesses
- Innovative businesses
- Economic participation
- Employees on the payroll

Sustainable Development Goals

- SDG 4: Quality education
- SDG 5: Gender equality
- SDG 7: Affordable and clean energy
- SDG 8: Decent work and economic growth

National Outcome: Environment



National Indicators

- Visits to the outdoors
- State of historic sites
- Condition of protected nature sites
- Energy from renewable sources
- Waste generated
- Sustainability of fish stocks
- Biodiversity
- Marine environment

Sustainable Development Goals

- SDG 5: Gender equality
- SDG 7: Affordable and clean energy
- SDG 8: Decent work and economic growth
- SDG 9: Industry, innovation and infrastructure
- SDG 12: Responsible consumption and production
- SDG 6: Clean water and sanitation
- SDG 13: Climate action
- SDG 14: Life below water
- SDG 15: Life on land

National Outcome: Economy



National Indicators

- Productivity
- International exporting
- Economic growth
- Carbon footprint
- Natural Capital
- Greenhouse gas emissions
- Access to superfast broadband
- Spend on research and development
- Income inequalities
- Entrepreneurial activity

Sustainable Development Goals

- SDG 4: Quality education
- SDG 5: Gender equality
- SDG 7: Affordable and clean energy
- SDG 8: Decent work and economic growth
- SDG 9: Industry, innovation and infrastructure
- SDG 10: Reduced inequalities
- SDG 12: Responsible consumption and production

National Outcome: International



National Indicators

- A positive experience for people coming to Scotland
- Scotland's reputation
- Scotland's population
- Trust in public organisations
- International networks
- Contribution of development support to other nations

National Outcome: Economy



National Indicators

- Productivity
- International exporting
- Economic growth
- Carbon footprint
- Natural Capital
- Greenhouse gas emissions
- Access to superfast broadband
- Spend on research and development
- Income inequalities
- Entrepreneurial activity

Sustainable Development Goals

- SDG 4: Quality education
- SDG 5: Gender equality
- SDG 7: Affordable and clean energy
- SDG 8: Decent work and economic growth
- SDG 9: Industry, innovation and infrastructure
- SDG 10: Reduced inequalities
- SDG 12: Responsible consumption and production

National Outcome: Communities



National Indicators

- Perceptions of local area
- Loneliness
- Perceptions of local crime rate
- Community land ownership
- Crime victimisation
- Access to green and blue space
- Places to interact
- Social capital

Sustainable Development Goals

- SDG 5: Gender equality
- SDG 7: Affordable and clean energy
- SDG 9: Industry, innovation and infrastructure
- SDG 10: Reduced inequalities
- SDG 6: Clean water and sanitation
- SDG 11: Sustainable cities and communities

Sustainable Development Goals

- SDG 4: Quality education
- SDG 5: Gender equality
- SDG 10: Reduced inequalities
- SDG 1: No poverty
- SDG 2: Zero hunger
- SDG 3: Good health and wellbeing

Sustainable Development Goals

- SDG 4: Quality education
- SDG 5: Gender equality
- SDG 7: Affordable and clean energy
- SDG 10: Reduced inequalities
- SDG 1: No poverty
- SDG 2: Zero hunger
- SDG 6: Clean water and sanitation
- SDG 3: Good health and wellbeing

Sustainable Development Goals

- SDG 5: Gender equality
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- SDG 9: Industry, innovation and infrastructure
- SDG 10: Reduced inequalities
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- SDG 11: Sustainable cities and communities

Bristol One City Plan

- an example

<https://www.bristolonecity.com>

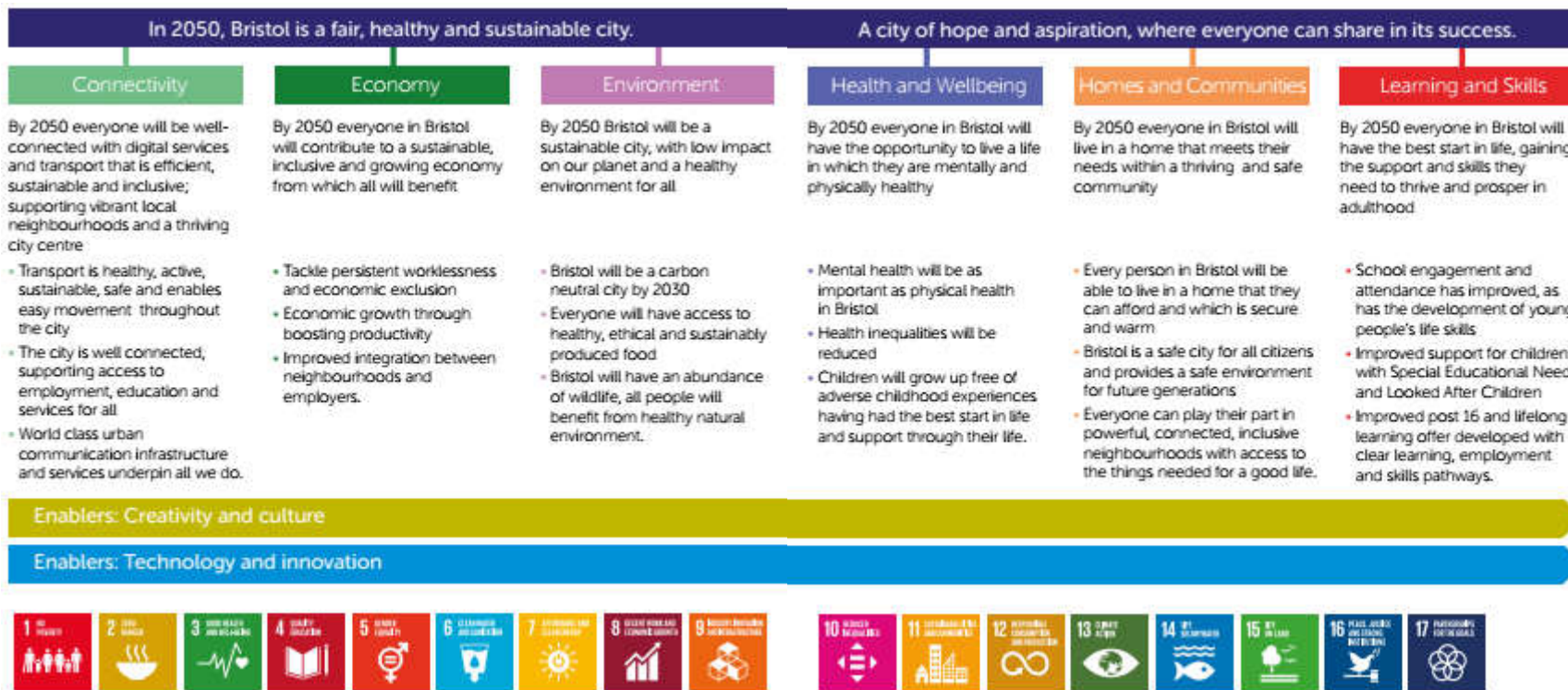
The One City Plan is not...

- **A plan to usurp all plans;** we recognise organisations will continue to have their own plans and strategies and this plan should enable those.
- **Perfect;** it will become more sophisticated with further iterations and as we make demands of it and respond to it to the point where we develop a uniquely Bristol approach to leadership.
- **An instruction manual;** it is up to partners to decide if, what and how they will change to achieve our shared overarching goals.
- **A bureaucratic barrier;** the plan should not stifle innovation and other work occurring in the city.
- **Complete;** there will be no such thing as a 'final version' because it will be in constant review.
- **To be owned and/or run by Bristol**

The One City Plan is...

- **An attempt to describe** "what it will be like" to be in Bristol and to be Bristolian in the years to come.
- **An attempt to focus the city** on a sequence of key outcomes which we all agree to concentrate on and contribute towards and which take us to 2050.
- **Something to grapple with;** a tool to provoke and enable the wider city to engage in a meaningful way with the city's future.
- **In constant review** – will be refreshed every year through the City Office and the Thematic Boards in the city.
- **Built on an understanding that:**
 - What citizens receive from the city should be more than the sum of its parts.
 - We are interdependent – no organisation or sector can be all it

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Alignment of our strategic partnerships with Wellbeing Frameworks – UN SDGs

Childrens System Board

3. good health & wellbeing; 4. Quality education; 10. Reduced inequalities;

Cultural Place Partnership

8. Decent work and economic growth; 10. Reduced inequalities; 11. Sustainable cities and communities

Economic Partnership

8. Decent work & economic growth; 9. Industry innovation & infrastructure; 11. Sustainable cities & communities; 12. Responsible consumption & production

Health & Care Executive Board

3. Good health & wellbeing; 10. Reduced inequalities;

Safer Communities Partnership

16. Peace, justice & strong institutions

Stronger Communities Partnership

16. Peace, justice & strong institutions

Sustainable Development Partnership

6. Clear water & sanitation; 7. Affordable & clean energy; 11. Sustainable cities & communities; 12. Responsible consumption & production; 13. Climate action; Life below water; 15. Life on land

Wellbeing Board

1. No poverty; 2. Zero hunger; 5. Gender equality; 10. Reduced inequalities; 17. Partnership for the goals

Why we should apply wellbeing measurement

- **Rationale**

- Relevant and capable of being influenced by our partnerships
- The SDGs are “the right thing to do” and we are well placed to implement them here, given our local understanding and mandate to act
- ‘Leave No One Behind’ - the SDGs focus on persistent forms of poverty and deprivation – supports our renewed focus on inequalities
- Because they are wide-ranging, comprehensive and framed in terms of targets and indicators, they can help us set priorities as a whole District

- **Feasibility**

- Others have managed to do this, we can too
- Initial mapping of local partnership plans against the SDGs demonstrates general fit, but critically also highlight gaps too. This is good - we intended to be different as a Wellbeing Board, not simply aggregate what we have had in the past; a chance to think carefully about;
- What do we really want to be known for? and
- What difference do we want to make?

How we should do it: Next steps

- Essentially this will become part of the District Plan process (more on that shortly), but there are a few immediate Next Steps:
- Complete the mapping of existing partnership plans to the SDGs (baseline). Including review of indicators and measures
- More detailed (desktop) review of how it works in other cities (Bristol etc)
- Consider support of University – interest indicated

Creating the next District Plan

Development of the District Plan: Scope and Context

- **Revised remit of The Wellbeing Board requires a sufficiently wide lens on all the driving forces of wellbeing; and a focus on social justice, equality and combating health inequalities.**
- Agreed to develop **one overarching District Plan with a five year planning horizon**, that draws together the plans and strategies of each of the Strategic Partnerships, and the Joint Health and Wellbeing Strategy. (JHWS is a statutory requirement).
- Our new plan to be **measured via a single suite of Wellbeing indicators**
- **All of our plans must adapt to changed circumstances**, living with Covid and the impact of control measures. District Recovery Plan assists with this.
- All the local partner **organisations also need to plan for 2021/22**. Timescales for this will run alongside the development of the District Plan. Finances and Priorities agreed by organisations for 2021/22 will, to a large extent, determine Year 1 of the District Plan.

Development of the District Plan: Work required

Determine position

August 2020 – October 2020

- **Common framework** e.g. UN SDGs – what are the big strategic issues we will address?
- **Consider needs analyses:** JSNA, strategic partnership work, C-SAG etc
- **Cultural alignment:** e.g. 7S analysis
- **Population insight:** what do people say/feel?
- **Evaluate info:** e.g. SWOT, PESTLE

Develop strategy

September 2020 – December 2020

- **Purpose & Vision:** for Wellbeing in the District
- **Values:** build on work initiated by Stronger Communities P'ship
- **Goals & Measures:** 'from / to' at domain level. Agree suite of wellbeing measures
- **Trajectories:** for change, and scenarios to anticipate
- **Enablers:** clarify the support required, and conditions for success

Build the plan

January 2021 – March 2021

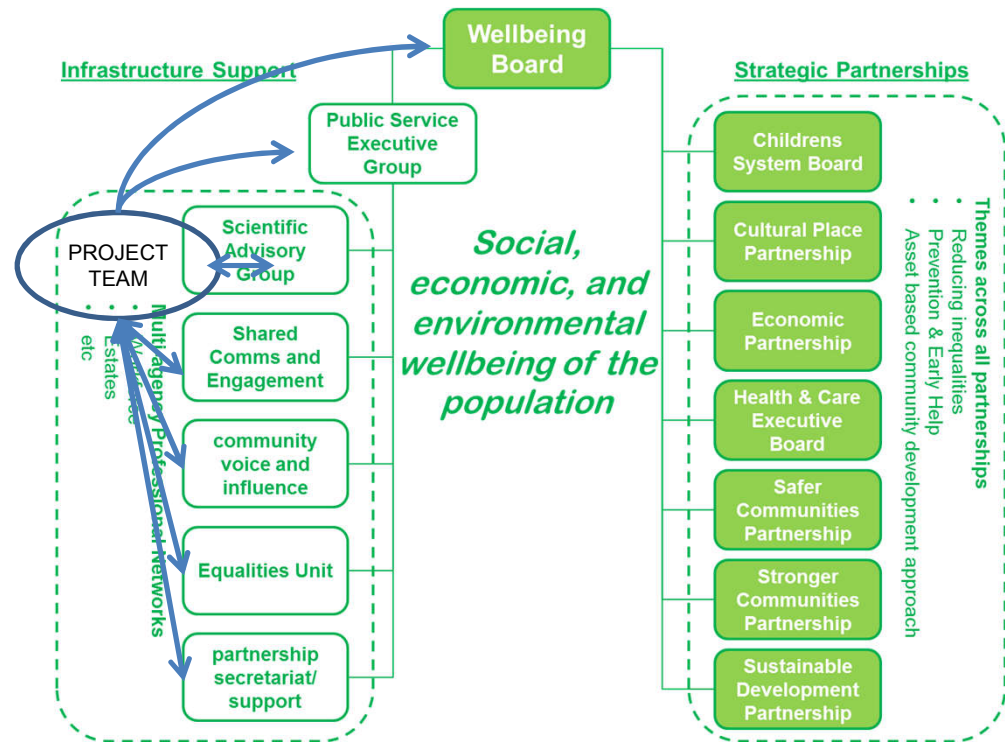
- **Actions / Plans:** developed together – multi-layer - team, organisation, partnership
- **Resources:** allocated to deliver
- **Risks:** identify, evaluate, plan for
- **Governance:** for approval and for delivery

Development of the District Plan: Who will do the work and be involved

- **Core project team:** comprised of nominated leads for the District Plan, support teams for strategic partnerships, and experts in policy, data and analytics, change and OD, communications, and governance. Additional dedicated project management and secretariat support will be needed.
- **Expert input:** system-wide collaborative infrastructure e.g. Scientific Advisory Group, Community engagement and voice, Equalities group.
- **Public input:** Led by Community engagement, voice and influence, and equalities groups – the approach is to be determined, but requires clarity and appropriate resource
- **Public Service Exec:** will act as a programme board, providing regular direction and accountability between Wellbeing Board meetings, and bringing resource to bear from across partner organisations
- **Wellbeing Board:** decision making authority on the District Plan. Owner of the District Plan responsible for overseeing subsequent implementation. Provides direction and alignment.

Development of the District Plan: How & when the work will be delivered

- **Core project team meetings:** Will meet every two weeks. Will report to Public Service Exec bi-weekly/ monthly. Will establish task & finish groups as required.
- **Wellbeing Measures sub group:** the project team will establish sub-groups as required. One that is definitely needed relates to the evaluation of wellbeing metrics and development of a suite of measures for our District Plan.
- **Delivery team:** between meetings the core project team, and others, will be required to undertake actions. There will need to be a project manager and administrator to drive this forward, in addition to the nominated senior leads.



- **Timescales:** Expected to be a nine month project – completing in March 2021. Development of a detailed project plan should be one of the next steps